

Section 5 — TOPICAL MODULES

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS

STATEMENT C

The purpose of this part of our interview is to get the most accurate picture possible of the situation of persons and families during calendar year 1985. It would be very helpful to refer to records during this part of the interview.

CHECK ITEM T1	Are the names of any businesses listed for . . . on the control card? (cc item 43)	8000	1 <input type="checkbox"/> Yes — SKIP to 1b 2 <input type="checkbox"/> No
CHECK ITEM T2	Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, and 4th waves (cc items 44, 45, 46, and 47)?	8002	1 <input type="checkbox"/> Yes — SKIP to Check Item T12, page 48 2 <input type="checkbox"/> No
1a.	Did . . . own and operate a business at any time during calendar year 1985? Include farms	8004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T12, page 48
ASK OR VERIFY —			
b.	How many different businesses did . . . own and operate during calendar year 1985?	8006	<input type="text"/> <input type="text"/> Businesses OR x3 <input type="checkbox"/> None — SKIP to Check Item T12, page 48
ASK OR VERIFY —			
c.	What were the names of the businesses that . . . owned and operated during calendar year 1985? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.)	PGM8 8008	PGM8 8058
		Business name	Business name
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
CHECK ITEM T3	Transcribe ID number for this business from the control card (cc item 43)	PGM7 8010	PGM7 8060
		<input type="checkbox"/> Business ID No. OR x3 <input type="checkbox"/> Not listed on control card	<input type="checkbox"/> Business ID No. OR x3 <input type="checkbox"/> Not listed on control card
CHECK ITEM T4	Has information about this business already been obtained in an interview for another household member?	8012	8062
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a
INTERVIEWER INSTRUCTION:	Enter name, person number, and business ID number of other owner to indicate location of information about this business.		
		8014	8064
	Name	<input type="text"/>	<input type="text"/>
	Person number	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Business ID number	<input type="text"/>	<input type="text"/>
	OR		
	x3 <input type="checkbox"/> Not listed on control card		
ASK OR VERIFY —			
2a.	What was the form of this (business/practice) — was it a sole proprietorship, a partnership, or a corporation?	8018	8068
		1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation — Obtain information in employee section — SKIP to Check Item T9, page 48 x1 <input type="checkbox"/> DK	1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation — Obtain information in employee section — SKIP to Check Item T10, page 48 x1 <input type="checkbox"/> DK
b.	Was this business primarily located in . . . 's own home or somewhere else?	8020	8070
		1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else	1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

CHECK ITEM T 5

Is "sole proprietorship" marked in item 2a?

8104 1 ☐ Yes — SKIP to 2h
2 ☐ No

8154 1 ☐ Yes — SKIP to 2h
2 ☐ No

2c. Were any other members of this household part-owners of this (business/practice)?

8106 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 2g

8156 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 2g

d. Which other household members were owners?

8108 Person No.
Name

8158 Person No.
Name

8110 Person No.
Name

8160 Person No.
Name

e. Was this (business/practice) owned entirely by members of this household?

8112 1 ☐ Yes — SKIP to 2g
2 ☐ No

8162 1 ☐ Yes — SKIP to 2g
2 ☐ No

f. What percentage of this (business/practice) was owned by members of this household?

8114 Percent
OR
x1 ☐ DK

8164 Percent
OR
x1 ☐ DK

g. What percentage of this (business/practice) did ... own in ...'s own name?

8116 Percent
OR
x1 ☐ DK

8166 Percent
OR
x1 ☐ DK

h. What were the gross receipts of this (business/practice) in 1985? Please use records if they are available. ★

8118 \$.
x1 ☐ DK
x2 ☐ Ref.

8168 \$.
x1 ☐ DK
x2 ☐ Ref.

i. What were the total expenses of this (business/practice) in 1985? Please use records if they are available. ★

8120 \$.
x1 ☐ DK
x2 ☐ Ref.

8170 \$.
x1 ☐ DK
x2 ☐ Ref.

CHECK ITEM T 6

Is "DK" marked in either 2h or 2i?

8122 1 ☐ Yes
2 ☐ No — SKIP to Check Item T 7

8172 1 ☐ Yes
2 ☐ No — SKIP to Check Item T 7

2j. If we were to call back later could you provide us with an estimate of (receipts/expenses)? (This information is especially important for this survey.)

8124 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 11a or 11b
2 ☐ No

8174 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 11a or 11b
2 ☐ No

CHECK ITEM T 7

Is "sole proprietorship" marked in item 2a?

8126 1 ☐ Yes — SKIP to Check Item T 9
2 ☐ No

8176 1 ☐ Yes — SKIP to Check Item T 10
2 ☐ No

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

2k. What was ...'s net income from this (business/practice) in 1985? Please use records if they are available.



Obtain estimate, if necessary.

8202

\$

00

x3 ☐ None

x2 ☐ Ref.

x1 ☐ DK

SKIP to Check Item T8

8252

\$

00

x3 ☐ None

x2 ☐ Ref.

x1 ☐ DK

SKIP to Check Item T8

8204

x4 ☐ Lost money — Enter amount of loss in box — SKIP to Check Item T8

8254

x4 ☐ Lost money — Enter amount of loss in box — SKIP to Check Item T8

l. If we were to call back later could you provide us with an estimate? (This information is especially important for the purposes of this survey.)

8206

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 12

2 ☐ No

8256

1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 12

2 ☐ No

CHECK ITEM T8

Were any other household members part owners of this business? (See item 2d.)

8208

1 ☐ Yes

2 ☐ No — SKIP to Check Item T9

8258

1 ☐ Yes

2 ☐ No — SKIP to Check Item T10

2m. Apart from the net income already reported for ..., did (Read names of other household owners) receive any net income in 1985 from this (business/practice)?

8210

1 ☐ Yes

2 ☐ No

x1 ☐ DK } SKIP to Check Item T9

8260

1 ☐ Yes

2 ☐ No

x1 ☐ DK } SKIP to Check Item T10

n. What was the amount of net income that was received by (Read names of other household owners)?

Obtain estimate, if necessary.

Person No.

8212

8214

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8216

x4 ☐ Lost money — Enter amount of loss in box

SECOND CO-OWNER

Person No.

8218

8220

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8222

x4 ☐ Lost money — Enter amount of loss in box

Person No.

8262

8264

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8266

x4 ☐ Lost money — Enter amount of loss in box

SECOND CO-OWNER

Person No.

8268

8270

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8272

x4 ☐ Lost money — Enter amount of loss in box

CHECK ITEM T9

Is another business listed in 1c?

8274

1 ☐ Yes — Complete Check Item T3 for next business

2 ☐ No — Go to Check Item T11

Go to Check Item T10

CHECK ITEM T10

Is the number of businesses marked in 1b three or more?

8276

1 ☐ Yes

2 ☐ No — SKIP to Check Item T11

3. What was ...'s net income from ...'s other businesses in 1985? Please use records if they are available.

8278

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

8280

x4 ☐ Lost money — Enter amount of loss in box

CHECK ITEM T11

Was ... identified as the owner of a corporation in item 2a?

8282

1 ☐ Yes — SKIP to 4b and consider ... to be an employee of that corporation

2 ☐ No

CHECK ITEM T12

Are the names of any employers listed for ... on the control card? (cc item 42)

8284

1 ☐ Yes — SKIP to 4b

2 ☐ No

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

CHECK ITEM T13

Was an interview obtained for ... for each of the 1st, 2nd, 3rd, and 4th waves? (cc items 44, 45, 46, and 47)

8286 1 ☐ Yes — SKIP to Check Item T18
2 ☐ No

4a. Did ... work at a paid job at any time during calendar year 1985?

8288 1 ☐ Yes
2 ☐ No — SKIP to Check Item T18

ASK OR VERIFY —

b. For how many different employers did ... work during calendar year 1985?

(Include self-owned corporations.)

8290 Employers
OR
x3 ☐ None — SKIP to Check Item T18

c. What were the names of the employers that ... worked for in 1985?

What is the address of that employer (the address of the physical location)?

List up to 2 employers; list employers according to amount of earnings received in 1985, beginning with employer from whom ... received the greatest earnings.

PGM 8

Employer Name

8300

PGM 8

Street address

8302

PGM 8

City/State

8303

PGM 8

ZIP code

8304

PGM 8

Employer Name

8350

PGM 8

Street address

8352

PGM 8

City/State

8353

PGM 8

ZIP code

8354

CHECK ITEM T14

If information on this employer was obtained in part A1(p.14) or part A2(p.16), transcribe the employer ID number.

PGM 7

8310

☐ Employer ID number — SKIP to 5a
OR
x3 ☐ No information in A1 or A2

PGM 7

8360

☐ Employer ID number — SKIP to 5a
OR
x3 ☐ No information in A1 or A2

4d. What kind of business or industry was (Read name of company or business)?

PGM 8

8312

PGM 8

8362

e. Was it mainly —

PGM 8

8314

1 ☐ Manufacturing?
2 ☐ Wholesale trade?
3 ☐ Retail trade?
4 ☐ Some other kind of business?

PGM 8

8364

1 ☐ Manufacturing?
2 ☐ Wholesale trade?
3 ☐ Retail trade?
4 ☐ Some other kind of business?

f. What kind of work was ... doing on this job?

PGM 8

8316

PGM 8

8366

g. What were ... 's main activities or duties?

PGM 8

8318

PGM 8

8368

h. Was ... an employee of —

PGM 8

8320

1 ☐ A private company or individual?
2 ☐ Federal Government? (Exclude Armed Forces)
3 ☐ State government?
4 ☐ Local government?
5 ☐ Armed Forces?
6 ☐ Unpaid in family business or farm? — SKIP to Check Item T16

PGM 8

8370

1 ☐ A private company or individual?
2 ☐ Federal Government? (Exclude Armed Forces)
3 ☐ State government?
4 ☐ Local government?
5 ☐ Armed Forces?
6 ☐ Unpaid in family business or farm? — SKIP to Check Item T16

5a. Do you have a W-2 form from (Read name of employer) that you can refer to?

(If "Yes," ask respondent to use the W-2 form.)

PGM 7

8322

1 ☐ Yes
2 ☐ No

PGM 7

8372

1 ☐ Yes
2 ☐ No

b. (According to ... 's W-2 form) how much did ... earn from ... 's job with (Read name of employer) during 1985 before any deductions?

Obtain estimate, if necessary.

8324

\$. 00

x1 ☐ DK
x2 ☐ Ref. — SKIP to Check Item T16

8374

\$. 00

x1 ☐ DK
x2 ☐ Ref. — SKIP to Check Item T17

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

CHECK ITEM T15	Does . . . have a W-2 form to refer to?	8676 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T16</i>	8726 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T17</i>																
5c. According to the W-2 form, what is the identification number of this employer?		Identification number 8678 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									Identification number 8728 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
		8680 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									8730 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
		8682 x1 <input type="checkbox"/> DK	8732 x1 <input type="checkbox"/> DK																
d. In 1985, how much was deducted from . . . 's pay for —																			
(1) Federal Income Taxes?		8800 \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			8850 \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>														
		x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.																
(2) State and local income taxes?		8802 \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			8852 \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>														
		x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.																
(3) Social Security (FICA) taxes?		8804 \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			8854 \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>														
		x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.																
(4) Health insurance?		8806 \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			8856 \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>														
		x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.	x3 <input type="checkbox"/> None x2 <input type="checkbox"/> Ref.																
CHECK ITEM T16	Is another employer listed in 4c?	8956 1 <input type="checkbox"/> Yes — <i>Complete Check Item T14 for next employer</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item T18</i>																	
		Go to Check Item T17																	
CHECK ITEM T17	Is the number of employers marked in 4b three or more?	9058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T18</i>																	
6. What was the total amount . . . earned from . . . 's other employers in 1985 before deductions? (Please use W-2 forms if you have any.)		9060 \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																	
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																	
<i>Obtain estimate, if necessary.</i>																			
CHECK ITEM T18	Refer to cc items 46 and 47. Are any of the ISS codes 100—110, 130, or 174 marked on the control card for . . . for the 1st, 2nd, 3rd, or 4th waves?	9100 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T20</i> 2 <input type="checkbox"/> No																	
CHECK ITEM T19	Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, and 4th waves? (cc items 44, 45, 46, and 47)	9102 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 7b</i>																	
7a. We recorded during our earlier interviews that . . . did not receive any income in the form of interest or dividends in calendar year 1985 — is that correct?		9104 1 <input type="checkbox"/> Yes, correct — <i>SKIP to Check Item T23, page 53</i> 2 <input type="checkbox"/> No, not correct — <i>did receive interest or dividends — SKIP to Check Item T20</i>																	
b. Did . . . receive any income in the form of interest or dividends in calendar year 1985?		9106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T23, page 53</i>																	
		Mark "Yes" if received jointly or in own name.																	
CHECK ITEM T20	Interview status of . . . 's spouse	9108 1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse already completed 3 <input type="checkbox"/> Interview for spouse not yet completed																	
		} <i>SKIP to 8a</i>																	

Section 5 – TOPICAL MODULES (Continued)

Part A – ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

(HAND RESPONDENT CARD Z)

7c. Please look at this card and tell me which of these assets . . . owned jointly with . . . 's (husband/wife) at any time during calendar year 1985. Do not count IRA or KEOGH investments.

Any others?

(1) Regular or passbook savings accounts

9110 x3 ☐ None —
SKIP to 8a

9112 1 ☐ Owned

(ASK FOR EACH ASSET OWNED)
7d. How much income did . . . and . . . 's (husband/wife) receive from their jointly owned (Read name of asset) in 1985?
(ENTER \$1 IF ASSET WAS OWNED BUT NO INCOME WAS RECEIVED)

9114 \$. 00

x1 ☐ DK
x2 ☐ Ref.

(2) Money Market deposit accounts

9116 1 ☐ Owned

9118 \$. 00

x1 ☐ DK
x2 ☐ Ref.

(3) Certificates of deposit or other savings certificates

9120 1 ☐ Owned

9122 \$. 00

x1 ☐ DK
x2 ☐ Ref.

(4) NOW, Super NOW, or other interest earning checking accounts

9124 1 ☐ Owned

9126 \$. 00

x1 ☐ DK
x2 ☐ Ref.

(5) Money market mutual funds

9128 1 ☐ Owned

9130 \$. 00

x1 ☐ DK
x2 ☐ Ref.

(6) Stocks and mutual fund shares

9132 1 ☐ Owned

9134 \$. 00

x1 ☐ DK
x2 ☐ Ref.

(7) U.S. Savings Bonds (E, EE)

9136 1 ☐ Owned

9138 \$. 00

x1 ☐ DK
x2 ☐ Ref.

(8) Other U.S. Government securities

9140 1 ☐ Owned

9142 \$. 00

x1 ☐ DK
x2 ☐ Ref.

(9) Municipal bonds

9144 1 ☐ Owned

9146 \$. 00

x1 ☐ DK
x2 ☐ Ref.

(10) Corporate bonds

9148 1 ☐ Owned

9150 \$. 00

x1 ☐ DK
x2 ☐ Ref.

(11) Mortgages

9152 1 ☐ Owned

9154 \$. 00

x1 ☐ DK
x2 ☐ Ref.

(12) Other interest or dividend earning assets not counting IRA or KEOGH accounts. (Mutual bond fund, unit bond trusts, money loaned to a private individual, etc.)

9156 1 ☐ Owned

9158 \$. 00

x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM T21**

Is "DK" marked in 7d for any of the assets?

9160 1 ☐ Yes
2 ☐ No — SKIP to 8a

7e. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read all asset types marked owned) during 1985?

9162 \$. 00

x1 ☐ DK
x2 ☐ Ref.

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

(HAND RESPONDENT CARD Z)		(ASK FOR EACH ASSET OWNED)	
8a. Please look at this card and tell me which of these assets . . . owned (in . . . 's own name) at any time during calendar year 1985? Do not count IRA or KEOGH investments.		8b. How much income did . . . receive from (Read name of asset) in 1985? (ENTER \$1 IF ASSET WAS OWNED BUT NO INCOME WAS RECEIVED)	
Anything else?		9164 <input type="checkbox"/> None — SKIP to Check Item T23	
(1) Regular or passbook savings accounts . . .	9166 <input type="checkbox"/> Owned	9168 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(2) Money Market deposit accounts	9170 <input type="checkbox"/> Owned	9172 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(3) Certificates of deposit or other savings certificates	9174 <input type="checkbox"/> Owned	9176 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(4) NOW, Super NOW, or other interest earning checking accounts	9178 <input type="checkbox"/> Owned	9180 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(5) Money market mutual funds	9182 <input type="checkbox"/> Owned	9184 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(6) Stocks and mutual fund shares	9186 <input type="checkbox"/> Owned	9188 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(7) U.S. Savings Bonds (E, EE)	9190 <input type="checkbox"/> Owned	9192 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(8) Other U.S. Government securities	9194 <input type="checkbox"/> Owned	9196 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(9) Municipal bonds	9198 <input type="checkbox"/> Owned	9200 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(10) Corporate bonds	9202 <input type="checkbox"/> Owned	9204 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(11) Mortgages	9206 <input type="checkbox"/> Owned	9208 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(12) Other interest or dividend earning assets not counting IRA or KEOGH accounts. (Mutual bond funds, unit bond trusts, money loaned to a private individual, etc.)	9210 <input type="checkbox"/> Owned	9212 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
CHECK ITEM T22	Is "DK" marked in 8b for any of the assets?	9214 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T23	

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

8c. What is your best estimate of the average amount that . . . had in these (Read all asset types marked owned) during 1985?

9216 \$. 00
 x1 ☐ DK
 x2 ☐ Ref.

**CHECK
ITEM T23**

Refer to cc item 46
 Is ISS Code 120 marked on the control card for . . . for the 1st, 2nd, 3rd, or 4th waves?

9218 1 ☐ Yes — SKIP to 9b
 2 ☐ No

**CHECK
ITEM T24**

Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, and 4th waves (cc items 44, 45, 46, and 47)?

9220 1 ☐ Yes — SKIP to 10a
 2 ☐ No

9a. Did . . . own any kind of rental property during 1985, either in . . . 's own name or jointly with someone else?

9222 1 ☐ Yes — SKIP to 9c
 2 ☐ No — SKIP to 10a

b. We learned from earlier interviews that . . . owned some rental property in calendar year 1985 — is that correct?

9224 1 ☐ Yes
 2 ☐ No — SKIP to 10a

c. What kind of property did . . . own, either as sole owner or part owner?

(ASK FOR EACH PROPERTY OWNED)
9d. What was . . . 's net income from this property in 1985? If jointly owned, count only . . . 's share.

(1) Vacation home

9226 1 ☐ Owned

9228 \$. 00 ★
 x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

9230 x4 ☐ Lost money — Enter amount of loss in box

(2) Other residential property (nonfarm) . . .

9232 1 ☐ Owned

9234 \$. 00
 x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

9236 x4 ☐ Lost money — Enter amount of loss in box

(3) Farm property

9238 1 ☐ Owned

9240 \$. 00
 x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

9242 x4 ☐ Lost money — Enter amount of loss in box

(4) Commercial property

9244 1 ☐ Owned

9246 \$. 00
 x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

9248 x4 ☐ Lost money — Enter amount of loss in box

(5) Equipment

9250 1 ☐ Owned

9252 \$. 00
 x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

9254 x4 ☐ Lost money — Enter amount of loss in box

(6) Anything else

9256 1 ☐ Owned

9258 \$. 00
 x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

9260 x4 ☐ Lost money — Enter amount of loss in box

**CHECK
ITEM T25**

Is "DK" marked in 9d for any type of property?

9262 1 ☐ Yes
 2 ☐ No — SKIP to 10a

9e. If we were to call back later, could you provide us with an estimate of the total amount of net income from rental property . . . received in 1985? (Information on rental income is very important for the purposes of this survey.)

9264 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 13
 2 ☐ No

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

10a. Does . . . have an Individual Retirement Account — an IRA — in . . . 's OWN name? <i>Do not mark "Yes" if . . . is only included in . . . 's (husband's/wife's) IRA accounts.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9330</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">} SKIP to 10h</div>
b. Did . . . make any contributions to IRA accounts which applied to . . . 's 1985 tax return?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9332</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">} SKIP to 10d</div>
c. How much were . . . 's contributions to IRA accounts which applied to . . . 's 1985 tax return?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9334</div> \$ <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
d. Did . . . make any withdrawals from . . . 's IRA accounts during 1985? <i>Mark "No" if funds were "rolled over" within 60 days of the withdrawal.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9336</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">} SKIP to 10f</div>
e. How much did . . . withdraw from IRA accounts during 1985?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9338</div> \$ <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
f. Including ALL IRA accounts in . . . 's OWN name, how much did . . . 's IRA accounts earn during 1985?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9340</div> \$ <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
g. What types of assets did . . . have in . . . 's IRA accounts during 1985? <i>Mark all that apply.</i> Anything else?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9342</div> 1 <input type="checkbox"/> Certificates of deposit or other savings certificates <div style="border: 1px solid black; padding: 2px; display: inline-block;">9344</div> 2 <input type="checkbox"/> Money Market Funds <div style="border: 1px solid black; padding: 2px; display: inline-block;">9346</div> 3 <input type="checkbox"/> U.S. Government Securities <div style="border: 1px solid black; padding: 2px; display: inline-block;">9348</div> 4 <input type="checkbox"/> Municipal or Corporate Bonds <div style="border: 1px solid black; padding: 2px; display: inline-block;">9350</div> 5 <input type="checkbox"/> U.S. Savings Bonds <div style="border: 1px solid black; padding: 2px; display: inline-block;">9352</div> 6 <input type="checkbox"/> Stocks or Mutual Fund Shares <div style="border: 1px solid black; padding: 2px; display: inline-block;">9354</div> 7 <input type="checkbox"/> Other Assets — <i>Specify</i> _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">9356</div> x1 <input type="checkbox"/> DK
h. Does . . . have a KEOGH account in . . . 's OWN name?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9358</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">} SKIP to 10o</div>
i. Did . . . make any contributions to a KEOGH account which applied to . . . 's 1985 tax return?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9360</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">} SKIP to 10k</div>
j. How much were . . . 's contributions to KEOGH accounts which applied to . . . 's 1985 tax return?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9362</div> \$ <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
k. Did . . . make any withdrawals from . . . 's KEOGH accounts during 1985?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9364</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">} SKIP to 10m</div>

Section 5 — TOPICAL MODULES (Continued)

Part A — ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

10 l. How much did . . . withdraw from KEOGH accounts during 1985?

9366 \$. 00

x1 ☐ DK

x2 ☐ Ref.

m. Including ALL KEOGH accounts in . . . 's OWN name, how much did . . . 's KEOGH accounts earn during 1985?

9368 \$. 00

x1 ☐ DK

x2 ☐ Ref.

n. What types of assets did . . . have in . . . 's KEOGH accounts during 1985?

Mark all that apply.

Anything else?

9370 1 ☐ Certificates of deposit or other savings certificates

9372 2 ☐ Money Market Funds

9374 3 ☐ U.S. Government Securities

9376 4 ☐ Municipal or Corporate Bonds

9378 5 ☐ U.S. Savings Bonds

9380 6 ☐ Stocks or Mutual Fund Shares

9382 7 ☐ Other Assets — Specify ↓

9384 x1 ☐ DK

o. During 1985, did . . . participate in a salary reduction plan, sometimes called a 401k plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on their deferred salary until they retire or make a withdrawal.

9386 1 ☐ Yes

2 ☐ No

x1 ☐ DK

} SKIP to Check Item T26

p. How much did . . . contribute to this plan during 1985?

9388 \$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part B — TAXES

CHECK ITEM T26	Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?	9390 1 <input type="checkbox"/> Yes — <i>SKIP to 11a</i> 2 <input type="checkbox"/> No																					
1 a.	Did . . . file a Federal income tax return for 1985? <i>Mark "Yes" if . . . filed alone or jointly.</i>	9392 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 11a</i>																					
b.	Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?	9394 1 <input type="checkbox"/> Yes — <i>Allow person time to get form</i> 2 <input type="checkbox"/> No																					
2.	What was . . . 's filing status on . . . 's 1985 Federal tax return? Did . . . file as — <i>Read categories — Mark (X) one</i>	9396 1 <input type="checkbox"/> A single taxpayer? 2 <input type="checkbox"/> Married, filing a joint return? 3 <input type="checkbox"/> Married, filing separately? 4 <input type="checkbox"/> Unmarried head of household? 5 <input type="checkbox"/> Qualifying widow(er) with dependent child? x1 <input type="checkbox"/> DK																					
3a.	What were the total number of exemptions claimed on . . . 's tax return?	9398 <input style="width: 40px;" type="text"/> Exemptions — <i>If "01" SKIP to 4</i> x1 <input type="checkbox"/> DK																					
CHECK ITEM T27	<i>Refer to cc item 20.</i> Number of current household members.	9400 1 <input type="checkbox"/> One — <i>SKIP to 3c</i> 2 <input type="checkbox"/> Two or more																					
3b.	Besides . . . which persons in this household did . . . claim as an exemption?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th><th style="width: 40%;">Person No.</th><th style="width: 50%;">Name</th></tr> </thead> <tbody> <tr><td>9402</td><td><input style="width: 30px;" type="text"/></td><td></td></tr> <tr><td>9404</td><td><input style="width: 30px;" type="text"/></td><td></td></tr> <tr><td>9406</td><td><input style="width: 30px;" type="text"/></td><td></td></tr> <tr><td>9408</td><td><input style="width: 30px;" type="text"/></td><td></td></tr> <tr><td>9410</td><td><input style="width: 30px;" type="text"/></td><td></td></tr> <tr><td>9412</td><td colspan="2">1 <input type="checkbox"/> None in household</td></tr> </tbody> </table>		Person No.	Name	9402	<input style="width: 30px;" type="text"/>		9404	<input style="width: 30px;" type="text"/>		9406	<input style="width: 30px;" type="text"/>		9408	<input style="width: 30px;" type="text"/>		9410	<input style="width: 30px;" type="text"/>		9412	1 <input type="checkbox"/> None in household	
	Person No.	Name																					
9402	<input style="width: 30px;" type="text"/>																						
9404	<input style="width: 30px;" type="text"/>																						
9406	<input style="width: 30px;" type="text"/>																						
9408	<input style="width: 30px;" type="text"/>																						
9410	<input style="width: 30px;" type="text"/>																						
9412	1 <input type="checkbox"/> None in household																						
C.	ASK OR VERIFY — Did . . . claim exemptions for any persons who lived outside of . . . 's home for the entire year?	9414 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4</i>																					
d.	What was the relationship of this (these) person(s) to . . . ? <i>Record two persons only</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">FIRST DEPENDENT</th><th style="width: 50%;">SECOND DEPENDENT</th></tr> </thead> <tbody> <tr> <td>9416 1 <input type="checkbox"/> Parent</td><td>9418 1 <input type="checkbox"/> Parent</td></tr> <tr> <td>2 <input type="checkbox"/> Child</td><td>2 <input type="checkbox"/> Child</td></tr> <tr> <td>3 <input type="checkbox"/> Brother/sister</td><td>3 <input type="checkbox"/> Brother/sister</td></tr> <tr> <td>4 <input type="checkbox"/> Other</td><td>4 <input type="checkbox"/> Other</td></tr> </tbody> </table>	FIRST DEPENDENT	SECOND DEPENDENT	9416 1 <input type="checkbox"/> Parent	9418 1 <input type="checkbox"/> Parent	2 <input type="checkbox"/> Child	2 <input type="checkbox"/> Child	3 <input type="checkbox"/> Brother/sister	3 <input type="checkbox"/> Brother/sister	4 <input type="checkbox"/> Other	4 <input type="checkbox"/> Other											
FIRST DEPENDENT	SECOND DEPENDENT																						
9416 1 <input type="checkbox"/> Parent	9418 1 <input type="checkbox"/> Parent																						
2 <input type="checkbox"/> Child	2 <input type="checkbox"/> Child																						
3 <input type="checkbox"/> Brother/sister	3 <input type="checkbox"/> Brother/sister																						
4 <input type="checkbox"/> Other	4 <input type="checkbox"/> Other																						
4.	Did . . . file form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ?	9420 1 <input type="checkbox"/> Form 1040 2 <input type="checkbox"/> Form 1040A 3 <input type="checkbox"/> Form 1040EZ x1 <input type="checkbox"/> DK <div style="position: absolute; left: 700px; top: 0; font-size: 2em;">}</div> <i>SKIP to Check Item T28</i>																					
5.	I am going to read a list of forms that people are sometimes required to attach to their tax return. Please tell me if these were included with . . . 's 1985 tax return.																						
(1)	Schedule A, Itemized Deductions	9422 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK																					
(2)	Schedule D, Capital Gains and Losses	9424 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK																					
(3)	Schedule E, Supplemental Income Schedule	9426 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK																					

Section 5 — TOPICAL MODULES (Continued)

Part B — TAXES (Continued)

**CHECK
ITEM T28**

Does the respondent have a copy of ...'s
Federal income tax form to refer to?

- 9428** 1 ☐ Yes
2 ☐ No — SKIP to 9a

**CHECK
ITEM T29**

Is "Form 1040" marked in item 4?

- 9430** 1 ☐ Yes
2 ☐ No — SKIP to 8

**CHECK
ITEM T30**

Is "Schedule A, Itemized Deductions"
marked "Yes" in item 5(1)?

- 9432** 1 ☐ Yes
2 ☐ No — SKIP to 6c

**6a. How much were ...'s (and ...'s husband's/wife's)
itemized deductions for 1985?**
(Form 1040, line 34a.)

- 9434** \$. 00
x1 ☐ DK } SKIP to 7
x2 ☐ Ref.

**b. How much were ...'s (and ...'s husband's/wife's)
deductions for interest paid during 1985?**
(Schedule A, line 14)

- 9436** \$. 00
x1 ☐ DK
x2 ☐ Ref.

**c. Did ... (and ...'s husband/wife) have any taxable
pensions, annuities, or IRA distributions during
1985?**

- 9438** 1 ☐ Yes
2 ☐ No — SKIP to 6e

**d. How much were ...'s taxable pensions,
annuities, and IRA distributions?** (Form 1040,
lines 16 and 17b.)

- 9440** \$. 00
x1 ☐ DK
x2 ☐ Ref.

**e. Did ... (and ...'s husband/wife) have any taxable
social security benefits during 1985?**

- 9442** 1 ☐ Yes
2 ☐ No — SKIP to 6g

**f. How much were ...'s (and ...'s husband's/wife's)
taxable social security benefits?** (Form 1040, line
21b.)

- 9444** \$. 00
x1 ☐ DK
x2 ☐ Ref.

**g. On ...'s Form 1040, did ... (and ...'s
husband/wife) claim —**

(Ask for each credit
claimed.)

**6h. What was the
amount of the (Read
name of credit)
claimed?**

(1) A child and dependent care expense credit . . .
(Form 1040, line 41)

- 9446** 1 ☐ Yes
2 ☐ No

- 9448** \$. 00
x1 ☐ DK
x2 ☐ Ref.

**(2) A credit for the elderly and the permanently
and totally disabled**

- 9450** 1 ☐ Yes
2 ☐ No

- 9452** \$. 00
x1 ☐ DK
x2 ☐ Ref.

(3) A general business credit
(Form 1040, line 48)

- 9454** 1 ☐ Yes
2 ☐ No

- 9456** \$. 00
x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM T31**

Is "Schedule D, Capital Gains and
Losses" marked "Yes" in item 5(2)?

- 9458** 1 ☐ Yes
2 ☐ No — SKIP to 8

Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES (Continued)

7. How much were ...'s (and ...'s husband's/wife's) capital gains or losses from the sale or exchange of personal assets for 1985? <i>(Form 1040, line 13.)</i>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">9460</div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Lost money – Enter amount of loss in box </div>
<p><i>(SHOW FLASHCARD BB WITH APPROPRIATE TAX FORM)</i></p> 8. This card shows the portion of the tax return that deals with adjusted gross income and with the net tax liability for the year.	
a. Adjusted gross income is total income less certain types of adjustments and exclusions. What was ...'s (and ...'s husband's/wife's) adjusted gross income in 1985?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">9462</div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Lost money – Enter amount of loss in box </div> <div style="position: absolute; right: 0; top: 50px; font-size: 2em;">}</div> <div style="position: absolute; right: 0; top: 50px;">SKIP to 10a</div>
b. Federal income tax liability is the total tax as determined by the tax table or schedule plus or minus certain adjustments. What was ...'s (and ...'s husband's/wife's) net tax liability in 1985?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">9464</div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">00</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T32</div> Amount of gross income reported in 8a.	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">9466</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> \$11,000 or more – SKIP to 11a 2 <input type="checkbox"/> Less than \$11,000 – SKIP to 10a </div> </div>
9a. Can you give me an estimate of ...'s Federal income tax liability for 1985?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">9468</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a </div> </div>
b. How much was ...'s Federal income tax liability? Count all taxes paid or withheld minus any refunds.	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">9470</div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">00</div> </div>
10a. Did ... claim an earned income credit on ...'s Federal income tax return?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">9472</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </div> </div> <div style="position: absolute; right: 0; top: 50px; font-size: 2em;">}</div> <div style="position: absolute; right: 0; top: 50px;">SKIP to 11a</div>
b. What was the amount of earned income credit claimed?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">9474</div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">00</div> </div> <div style="margin-top: 5px;"> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>
11a. Did ... file a State and/or local income tax return for 1985?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">9476</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </div> </div> <div style="position: absolute; right: 0; top: 50px; font-size: 2em;">}</div> <div style="position: absolute; right: 0; top: 50px;">SKIP to Check Item T35</div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T33</div> ASK OR VERIFY – Was ... married as of December 31, 1985? Mark "Yes" if spouse died during 1985.	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">9478</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11c </div> </div>
11b. Did ... file a State and/or local income tax return jointly with ...'s (husband/wife)?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">9480</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11c </div> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T34</div> Has an interview already been obtained for ...'s spouse?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">9482</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes – SKIP to Check Item T35 2 <input type="checkbox"/> No </div> </div>

Section 5 — TOPICAL MODULES (Continued)

Part B — TAXES (Continued)

11 C. How much was . . . 's total State and local income tax liability for 1985? Count all taxes paid or withheld minus any refunds.

Obtain estimate, if necessary.

9484

\$

00

- x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

**CHECK
ITEM T35**

Refer to cc item 15 —
Tenure
Are . . . 's living quarters —

9486

- 1 ☐ Owned or being bought?
2 ☐ Rented for cash?
3 ☐ Occupied without cash payment? } SKIP to part C, page 60

**CHECK
ITEM T36**

Interview status of . . . 's spouse

9488

- 1 ☐ No spouse in household
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted —
SKIP to part C, page 60

12 a. Did . . . pay any property taxes on . . . 's residence(s) in 1985?

9490

- 1 ☐ Yes
2 ☐ No — SKIP to part C, page 60

b. Did . . . pay these jointly with someone else living here?

9492

- 1 ☐ Yes
2 ☐ No — SKIP to 12d

c. Who made these joint payments with . . . ?

Person No.

Name

9494

Person No.

Name

9496

d. What was the property tax bill for . . . 's residence(s) in 1985?

Obtain estimate, if necessary.

9498

\$

00

- x1 ☐ DK
x2 ☐ Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – SCHOOL ENROLLMENT AND FINANCING

Statement D

The next few questions are about school enrollment and financing.

1. Was . . . enrolled in school anytime during the past 12 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)

- 9610** 1 ☐ Yes
2 ☐ No – SKIP to Check Item M1, page 62

2. At what level or grade was . . . enrolled? (If enrolled at more than one level in the past 12 months, check level in which greatest amount of time was spent.)

- 9612** 1 ☐ Elementary grades 1–8
2 ☐ High school grades 9–12
3 ☐ College year 1
4 ☐ College year 2
5 ☐ College year 3
6 ☐ College year 4
7 ☐ College year 5
8 ☐ College year 6+
9 ☐ Vocational school
10 ☐ Technical school
11 ☐ Business school
12 ☐ Other or DK

CHECK ITEM T37

Was . . . enrolled in elementary or high school?

- 9614** 1 ☐ Yes
2 ☐ No – SKIP to 4

3. Was . . . enrolled in a public school? (Mark "Yes" if the school at which . . . spent the greatest amount of time was public.)

- 9616** 1 ☐ Yes – SKIP to Check Item M1, page 62
2 ☐ No

4. During the past 12 months –

a. What was the total cost of . . . 's tuition and fees?

- 9618** \$. 00
x3 ☐ None
x1 ☐ DK

b. What was the total cost of . . . 's books and supplies?

- 9620** \$. 00
x3 ☐ None
x1 ☐ DK

c. Did . . . live away from home while attending school?

- 9622** 1 ☐ Yes
2 ☐ No – SKIP to 5

d. What was the total cost for room and board while away at school?

- 9624** \$. 00
x1 ☐ DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – SCHOOL ENROLLMENT AND FINANCING (Continued)

(HAND RESPONDENT CARD CC)

5a. Please look at this card and tell me if . . . received any of these types of educational assistance during the past 12 months.

Anything else?

5b. How much did . . . receive?

9626 x3 ☐ None —
SKIP to
Check Item
M1

(1) The GI Bill?

9628 1 ☐ Received

9630 \$. **00**
x1 ☐ DK

(2) Other Veteran's Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans assistance.)

9632 1 ☐ Received

9634 \$. **00**
x1 ☐ DK

(3) College Work Study Program?

9636 1 ☐ Received

9638 \$. **00**
x1 ☐ DK

(4) A Pell Grant?

9640 1 ☐ Received

9642 \$. **00**
x1 ☐ DK

(5) A Supplemental Educational Opportunity Grant (SEOG)?

9644 1 ☐ Received

9646 \$. **00**
x1 ☐ DK

(6) A National Direct Student Loan (NDSL)?

9648 1 ☐ Received

9650 \$. **00**
x1 ☐ DK

(7) A guaranteed student loan?

9652 1 ☐ Received

9654 \$. **00**
x1 ☐ DK

(8) A JTPA Training Program?

9656 1 ☐ Received

9658 \$. **00**
x1 ☐ DK

(9) Employer assistance

9660 1 ☐ Received

9662 \$. **00**
x1 ☐ DK

(10) A fellowship or scholarship?

9664 1 ☐ Received

9666 \$. **00**
x1 ☐ DK

(11) A tuition reduction?

9668 1 ☐ Received

9670 \$. **00**
x1 ☐ DK

(12) Anything else (other than assistance from relatives and friends)?

9672 1 ☐ Received

9674 \$. **00**
x1 ☐ DK

NOTES